

## Application for License or Renewal, DSHS 10-165

### INSTRUCTIONS

1. License Number – this is assigned by the Mental Health Division and appears on the license itself. If you are just renewing a license you fill this box in.
2. Provider Name – The name should be you're corporate or official business name. If you are doing business as (d.b.a.) something else this should also be noted. The name you put into this box will be the one we use for your license.
3. Administrators email address – if the administrator has an email address we would ask that you put this in this box. This information will be used exclusively by the MHD for correspondence with regards to licensing activities only.
4. Business Address – this is the address where we will send licensing correspondence and other notifications. This should be thought of as the "headquarters" where you want important notices to be sent.
5. Agency email address – if you have an email address the public can reach you through this should be entered here.
6. Primary Address Where Services are Provide – the address listed here should be the one where consumers go to for services. If there are multiple address locations where services are provided then you should list them on section 19 of the second page of this application. If more space is needed to list these please attach on separate sheet of paper.
7. Agency Administrator's Name – The person listed here must have the authority to sign a licensing application form on behalf of the organization. Please also include a phone number that the MHD can call to reach the agency administrator.
8. Agency Website – if your agency has a public website that is accessible to consumers please list it here.
9. Type of Community Support License – these listings represents the array of licensing components the MHD will issue. You will need to check the boxes that apply to your agency. If you have multiple site locations and the array of services varies by location you will need to identify which of these services are provided by what locations on a separate sheet of paper and attach it with this application.
10. License Status – if you currently have a license with the MHD please check Renewal. If you are a new community mental health agency seeking a license then check the new box. If you currently have a license with the MHD and are adding a new licensing component please note the new component at the bottom of page one where there is a blank spot above the footnote.
11. Estimated Annual Service Hours – you licensing fee will be based upon the total number of service hours provided annually for each of the checked boxes in number 9 above. This should include all services hours regardless of where it is for Medicaid or Non Medicaid.
12. Populations being served – please check the boxes that are applicable for those populations you are serving.
13. RSN Affiliation – affiliation means having a contract with the RSN and/or having a contract with another agency that has a contract with the RSN and is receiving federal Medicaid funds. The RUID# (reporting unity identification number) is a number assigned by the Information System Unit of the MHD to an agency for reporting purposes. In some cases reporting may occur through another entity that has been assigned a RUID. If this is the case you will need to identify the MHD assigned RUID for that entity and report it in this box. This would most likely occur if you were a subcontractor of a contractor who has a contract with the RSN.
14. Declaration – requires administrator's signature and date. If there is a governing board a member of that governing board should also sign and date this application.
15. Regional Support Network Approval – if you are not affiliated with the RSN as defined in number 13 above you may ignore this box. However, if you are affiliated you will need to submit this to the RSN for their signature and date prior to sending the application to the Mental Health Division.
16. Peer Support Services – This is an informational section only since the MHD does not license peer support services. If you sponsor or have a working relationship with a peer supporters or a peer support program where peer supporters have been "certified" by the MHD please provide the information requested.
17. Clubhouse - This is an informational section only since the MHD does not license clubhouses. If you sponsor or have a working relationship with a local clubhouse please list the name and address of its location.
18. Respite Services – This is an informational section only since the MHD does not license respite services. Please check this box if the following defined services are provided by your agency: Respite are services are defined is a service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the physical, emotional, social and mental health needs of an individual consumer by someone other than the primary care givers.
19. Multiple Service Locations – If you have multiple site locations where you provide services and/or contract for services you will need to identify each one of these by address, telephone number and languages available at these each specific location. If you actually contract for services in an another location please check the sub contractors box. If you only provide services in another location do not check the subcontractor box.
20. Nationally Accredited - Please indicate if you are currently accredited by any of the listed organizations.

21. CARF OR JCAHO – If you are currently accredited by CARF or JCAHO and desire to have “deemed” per WAC 388-865-0476 please indicate this on your application. If you check this box you must attach your most recent accreditation survey report along with this application.
22. Miscellaneous - please indicate the number of open cases that you have during this month your are submitting this application. The case number should include both Medicaid and non-Medicaid cases. Please indicate the current number of staff who are providing direct care to clients. You do not have to list administrative support staff.
23. Mental Health Services Provided in Residential Settings - If you provide mental health services in a residential setting please list the name of the residential setting if available and the address locations. If additional space is needed please attach a separate sheet.

Submit this completed application along with the licensing fee based open your annual service hours per WAC 388-865-0474. CAFR and JCAHO deemed agencies are not required to submit a licensing fee.

The following fees must be sent with the application for a license or renewal:

Range	Service Hours	Annual Fee
1	0-3,999	\$291.00
2	4,000-14,999	422.00
3	15,000-29,999	562.00
4	30,000-49,999	842.00
5	50,000 or more	1,030.00